

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1522

State File No. _____

FILED JAN 18 1956

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 16

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>51 yrs</u>		d. Residence within limits of a city or incorporated town? No <input type="checkbox"/> Yes <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep San. & Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>4206 S. Crystal</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u>		b. (Middle) <u>H.</u>	
c. (Last) <u>LARSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 10 1872</u>	
9. AGE (In years last birthday) <u>84</u>		10. F UNDER 1 YEAR Months _____ Days _____	
11. F UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Denmark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Jensen</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Bundsen Erichsen</u>	
14. NAME OF HUSBAND OR WIFE <u>Edward Larson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Larson</u> ADDRESS <u>Indep. Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholecystectomy + } Hypertension Hypertrophic cardiomyopathy</u> DUE TO (c) <u>hypertensive myocardia arteriosclerosis Generalized senile changes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystitis - postcholecystectomy</u>	
19a. DATE OF OPERATION <u>Jan 9, 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cholelithiasis</u>	
20a. ACCIDENT SUICIDE HOMICIDE		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>584x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 22nd 1955</u> , to <u>Jan 11, 1956</u> that I last saw the deceased alive on <u>Jan 10, 1956</u> and that death occurred at <u>8:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert B. Russell, M.D.</u>		23b. ADDRESS <u>Crayton, Mo.</u>	
23c. DATE SIGNED <u>Jan 12 56</u>		23. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/15/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Inwood Home Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-13-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Union T. Taphy Indep. Mo</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
William L. Kelly

Licensed Embalmer No. *422*

P. O. Address.....
Indep. 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.